



2F/118

PTO/SB/17 (01-06)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2006

Complete if Known

| | | |
|--|----------------------|------------------------|
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | Application Number | 10/733,311-Conf. #8060 |
| TOTAL AMOUNT OF PAYMENT | Filing Date | December 12, 2003 |
| (\$) | First Named Inventor | Steven M. Ruben |
| 150.00 | Examiner Name | C. J. Saoud |
| | Art Unit | 1647 |
| | Attorney Docket No. | PF155C1P1D1 |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 08-3425 Deposit Account Name: Human Genome Sciences, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

Total Claims Extra Claims Fee (\$) Fee Paid (\$)
23 - 20 = 3 x 50.00 = 150.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
3 - 5 = x =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
 - 100 = /50 (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

| | | | | | |
|-------------------|------------------|-----------------------------------|-------------|-----------|----------------|
| Signature | | Registration No. (Attorney/Agent) | 50,748 | Telephone | (301) 315-1768 |
| Name (Print/Type) | Karen L. Carroll | Date | May 5, 2006 | | |



VIA HAND DELIVERY

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Ruben et al.

Docket No.: PF155C1P1D1

Application No.: 10/733,311-Conf #8060

Group Art Unit: 1647

Filed: December 12, 2003

Examiner: C.J. Saoud

For: Keratinocyte Growth Factor-2

**AMENDMENT UNDER 37 C.F.R. § 1.115 AND
PROVISIONAL ELECTION WITH TRAVERSE UNDER 37 C.F.R. § 1.143**

MS Amendment

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Restriction Requirement mailed April 5, 2006, please enter the following amendments and consider the following remarks and provisional election *with traverse*. Applicants submit concurrently herewith: (a) Fee Transmittal Sheet (in duplicate), with appropriate fee; and (b) an Information Disclosure Statement Pursuant to 37 C.F.R. § 1.56 with Form PTO/SB/08 and legible copies of references CF-CJ, CL-CS, CU-CW, CZ-DB, DG, DI-DN, DP, DR-DS, DW-EA, and ED-EG.

Amendments to the claims begin on page 2.

Remarks begin on page 6.

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